

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33148  
8462

FILED OCT 9 1953

State File No. 8462  
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY OR TOWN Webster Groves	
c. LENGTH OF STAY (in this place) 1 week		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		e. STREET ADDRESS (If rural, give location) 815 East Big Bend Blvd., 4587	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Alonzo c. (Last) Edwards			4. DATE OF DEATH August 29 1953 (Month) (Day) (Year)		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Construction		8. DATE OF BIRTH Oct 6 1923	
11. BIRTHPLACE (City and State or Foreign Country) Salem, Missouri		9. AGE (In years last birthday) 29		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Archie Edwards		13b. MOTHER'S MAIDEN NAME Anna Stephens		14. NAME OF HUSBAND OR WIFE Lorane Edwards	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW-11		17. INFORMANT'S SIGNATURE OR NAME Archie Edwards	
				ADDRESS 211 Tyler, Fulton Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Nonsuppurative Pancreatitis		DUE TO (b) Chronic Cholelithiasis			3 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Cholelithiasis			Interval	
II. OTHER SIGNIFICANT CONDITIONS		Coronary Artery Obstruction			Interval	

19a. DATE OF OPERATION Aug 26-53		19b. MAJOR FINDINGS OF OPERATION Chronic Cholelithiasis, Cholelithiasis, Coronary Artery Obstruction			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 584X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Aug 20, 1953, to Aug 29, 1953, that I last saw the deceased alive on Aug 29, 1953, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE W. R. Brown		(Degree or title) M.D.		23b. ADDRESS 390 3/4 Glen		23c. DATE SIGNED 8/29/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-29-53		24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Salem, Missouri.	

DATE REC'D BY LOCAL REG. AUG 31 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Eaton R. Penelun*.....

Licensed Embalmer No. *428*.....

P. O. Address *St. Louis,*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.